



WATER – SEWER SUMMARY FORM (WSS)

***Only applies when requesting a new meter**

CITY OF DANIA BEACH COMMUNITY DEVELOPMENT DEPARTMENT 100 W DANIA BEACH BLVD, DANIA BEACH, FL 33004 PHONE NO. 954-924-6805 FAX NO. 954-922-2687				PERMIT #:			
APPLICANT MUST COMPLETE THIS FORM COMPLETELY							
CUSTOMER NAME :							
FOLIO:							
SERVICE ADDRESS :							
CONTACT PERSON :				PHONE NUMBER :			
PLUMBING COMPANY AND ADDRESS:							
CONTACT NAME AND PHONE NUMBER:							
WATER SERVICE PROVIDER:							
EXISTING ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXISTING ACCOUNT NO.							
REQUESTING TEMPORARY SOURCE OF WATER DURING CONSTRUCTION:							
TYPE OF PERMENANT SERVICE REQUESTED : (please check all that apply)							
__RESIDENTIAL __MULTI FAMILY __COMMERCIAL __INDUSTRIAL __OTHER							
		_____	New Domestic				
		_____	Enlargement (Size Upgrade)	From Size: _____	To Size: _____		
		_____	Irrigation	No. of head _____	Est. GPD _____	_____	
		_____	Separation	Describe:			
		_____	Relocation				
		_____	Demolition (Cut, Plug and Abandon) - Meter Removal				
SEPTIC TANK	<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLAIN:				
LIFT STATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPLAIN:				
# OF NEW METERS REQUESTED:							
REQUESTED METER SIZE:							
WATER	SEWER	IRR	FIRE LINE				

ADDITIONAL NOTES:				
All meters/water taps greater than 2" and Sewer Taps greater than 2" require a special estimate by Public Services Department - Utility Division.				
A \$25.00 Re-Trip fee will be assessed when installation requires more than one visit due to site conditions. The fee will appear on the City billing statement.				
All irrigation connection require a backflow device installed on the potable service and failure to comply may result in disconnection or denial of service. By signing this form you are giving the City access to test the backflow device(s) on your premises. The applicant/owner will be responsible for the device installation and replacement, if needed.				
APPLICANT'S SIGNATURE :			DATE:	
OFFICE USE ONLY BELOW THIS POINT:				
APPROVED METER SIZES BY PUBLIC SERVICES:				
WATER	SEWER	IRR	FIRE LINE	HYDRANT
TEMPORARY HYDRANT METER SIZE:			FEE AMOUNT:	
NEW WATER TAP: <input type="checkbox"/> YES <input type="checkbox"/> NO		WATER TAP SIZE:		FEE AMOUNT:
NEW SEWER TAP: <input type="checkbox"/> YES <input type="checkbox"/> NO		SEWER TAP SIZE:		FEE AMOUNT:
NEW IRRIGATION TAP: <input type="checkbox"/> YES <input type="checkbox"/> NO		IRRIGATION TAP SIZE:		FEE AMOUNT:
NEW FIRE LINETAP: <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE LINE TAP SIZE:		FEE AMOUNT:
NEW WATER IMPACT: <input type="checkbox"/> YES <input type="checkbox"/> NO			FEE AMOUNT:	
NEW SEWER IMPACT: <input type="checkbox"/> YES <input type="checkbox"/> NO			FEE AMOUNT:	
NEW IRR IMPACT: <input type="checkbox"/> YES <input type="checkbox"/> NO			FEE AMOUNT:	
CREDIT FOR PREVIOUS IMPACT: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES EXPLAIN:				
Public Services Staff:				
PREPARED BY: _____			DATE: _____	
APPROVED BY : _____			DATE: _____	
Community Development Staff:				
ENTERED BY : _____			DATE: _____	